

Lamont Hunter
PCT International Division
(703) 305-3393

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						10/04814				
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2		1					52			
3		2		1			53			
4		1		1			54			
5				1			55			
6				1			56			
7				1			57			
8				1			58			
9				1			59			
10				1			60			
11				1			61			
12				1			62			
13				1			63			
14				1			64			
15				1			65			
16				1			66			
17				1			67			
18				1			68			
19				1			69			
20				1			70			
21				1			71			
22				1			72			
23				1			73			
24				1			74			
25				1			75			
26				1			76			
27				1			77			
28				1			78			
29				1			79			
30				1			80			
31				1			81			
32				1			82			
33				1			83			
34				1			84			
35				1			85			
36				1			86			
37				1			87			
38				1			88			
39				1			89			
40				1			90			
41				1			91			
42				1			92			
43				1			93			
44				1			94			
45				1			95			
46				1			96			
47				1			97			
48				1			98			
49				1			99			
50				1			100			
TOTAL IND.			1				TOTAL IND.			
TOTAL DEP.			6				TOTAL DEP.			
TOTAL CLAIMS			7				TOTAL CLAIMS			